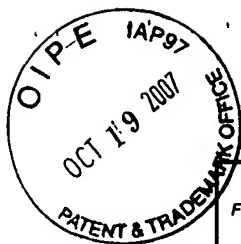


TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/827,296 – Conf. #2568	
	Filing Date	April 20, 2004	
	First Named Inventor	Michael B. ZEMEL	
	Art Unit	1616	
	Examiner Name	Edward J. Webman	
Total Number of Pages in This Submission	17	Attorney Docket Number	31894-202098

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Issue & Publication Fees Transmittal <input type="checkbox"/> Request to Correct Inventor's Address <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Inventor Declaration <input checked="" type="checkbox"/> Information Disclosure Statement, PTO/SB/08A, Copies of 2 Documents <input type="checkbox"/> Claim for Priority and Certified Document <input type="checkbox"/> Copy of Notice to File Missing Parts <input type="checkbox"/> Assignment	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	VENABLE LLP		
Signature			
Printed name	Zayd Alathari		
Date	October 19, 2007	Reg. No.	42,256



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2007		Application Number	10/827,296 – Conf. #2568
		Filing Date	April 20, 2004
		First Named Inventor	Michael B. ZEMEL
		Examiner Name	Edward J. Webman
		Art Unit	1616
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	31894-202098
TOTAL AMOUNT OF PAYMENT	(\$)	\$1,920.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify)	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account No.: 22-0261 Deposit Account Name: Venable LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)
	- 20 =	x	=				
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
	- 3 =	x	=				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	- 100 =	/50	(round up to a whole number) x	=			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)				Fees Paid (\$)			
Other (e.g., late filing surcharge):							
Information Disclosure Statement Fee				\$ 180.00			
Issue Fee				\$1,440.00			
Publication Fee				\$ 300.00			

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	42,256
Name (Print/Type)	Zayd Alkhatib	Telephone	(202) 344-4000
		Date	October 19, 2007

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